

<i>SERFF Tracking Number:</i>	<i>ZURC-126560820</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	<i>45273</i>
<i>Company Tracking Number:</i>	<i>CW AH 30197</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>AH No New Laser and Limited Rate Increase at Renewal Endt</i>		
<i>Project Name/Number:</i>	<i>AH No New Laser and Limited Rate Increase at Renewal Endt/CW AH 30197</i>		

Filing at a Glance

Company: Zurich American Insurance Company

Product Name: AH No New Laser and Limited SERFF Tr Num: ZURC-126560820 State: Arkansas

Rate Increase at Renewal Endt

TOI: H21 Health - Other

SERFF Status: Closed-Approved- State Tr Num: 45273
Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num: CW AH 30197

State Status: Approved-Closed

Filing Type: Form

Author: Phyllis Rakittke

Reviewer(s): Rosalind Minor

Date Submitted: 03/26/2010

Disposition Date: 04/02/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 04/26/2010

Implementation Date:

State Filing Description:

General Information

Project Name: AH No New Laser and Limited Rate Increase at RenewalStatus of Filing in Domicile: Pending
Endt

Project Number: CW AH 30197

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 04/02/2010

Explanation for Other Group Market Type:

State Status Changed: 04/02/2010

Deemer Date:

Created By: Phyllis Rakittke

Submitted By: Phyllis Rakittke

Corresponding Filing Tracking Number:

Filing Description:

This is an endorsement to our Stop Loss Policy, which was previously filed with and approved by your Department.

This No New Laser & Limited Rate Increase at Renewal program enables our self-funded customers to accurately forecast a maximum renewal increase for their specific coverage when renewed with Zurich. This option ensures that Zurich will not increase the medical stop loss specific rates at renewal by more than a specified percentage, based on duplicate contract terms, nor will Zurich add any new lasers to the stop loss policy at the next renewal. This program endorsement will be available to Zurich policyholders for an additional cost. This program must be selected at the time

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of sale prior to the effective date. This program option does not reduce nor remove any currently lasered individuals and assumes all current lasers will remain unless specifically removed by Zurich.

Company and Contact

Filing Contact Information

Phyllis Rakittke, Filing Analyst Phyllis.Rakittke@zurichna.com
1400 American Lane 847-240-4433 [Phone]
Schaumburg, IL 60196 847-605-7768 [FAX]

Filing Company Information

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York
1400 American Lane Group Code: 212 Company Type:
Schaumburg, IL 60102 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Form/1 Insurer
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	03/26/2010	35206875

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/02/2010	04/02/2010

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Disposition

Disposition Date: 04/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Explanatory Memo	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Form	No New Laser and Limited Rate Increase at Renewal	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/02/2010	U-MSL-512-A CW (02/10)	Policy/Cont	No New Laser and ract/Fratern Limited Rate al Increase at Renewal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.000	U-MSL-512-A CW - No New Laser and Limited Rate Increase at Renewal.pdf

No New Laser and Limited Rate Increase at Renewal Endorsement



Zurich American Insurance Company
1400 American Lane
Schaumburg, Illinois 60196

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Stop Loss Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

SECTION II -

SCHEDULE OF STOP LOSS INSURANCE is amended as follows:

SPECIFIC STOP LOSS is amended to include the following:

No New Laser and Limited Rate Increase at Renewal Program

It is hereby agreed and understood that the Specific Stop Loss Coverage purchased by the **Policyholder** will provide for the following at the **Policyholder's** next renewal:

1. No new **Lasers** will be applied to the Specific Stop Loss Coverage. However, existing **Lasers** may remain or be changed; and
2. Specific premium rates are subject to a [45% {range is 0% - 50%}] renewal increase cap to the current Specific premium rates as shown in the SCHEDULE OF STOP LOSS INSURANCE provided:
 - a. There are no changes to the Specific **Benefit Period** as shown in the SCHEDULE OF STOP LOSS INSURANCE;
 - b. There are no changes to the Specific **Deductible** as shown in the SCHEDULE OF STOP LOSS INSURANCE;
 - c. There are no changes to the commission level;
 - d. There has not been more than a [15% {range is 10% - 30%}] increase or decrease in the number of **Covered Units** as shown in the SCHEDULE OF STOP LOSS INSURANCE;
 - e. There are no changes in the **Third Party Administrator** or **Provider Network(s)**; [and]
 - f. There are no significant changes in the **Plan(s)** or **Policy** terms; and
 - g. If there is an **Aggregating Specific Deductible**, the **Aggregating Specific Deductible** is subject to a renewal increase of not more than [45% {range is 0% - 50%}].


SECTION III -

DEFINITIONS is amended to include the following:

LASER(S) means any reduction, elimination or limitation of the reimbursement that would otherwise be made under the **Policy** with respect to a specific **Covered Person** as shown in an endorsement to the **Policy**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: _____ Attached to and forming a part of Policy No. _____

Signed by: 
Authorized Representative

Date

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/02/2010
Comments:		
Attachment:		
No New Laser Limited Rate Increase Form Filing Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	04/02/2010
Bypass Reason: NA		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	04/02/2010
Bypass Reason: NA		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	04/02/2010
Bypass Reason: NA		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanatory Memo	Approved-Closed	04/02/2010
Comments:		
Attachment:		
U-MSL-512 Explanatory Memorandum1.pdf		

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	Item Status:	Status
		Date:
Satisfied - Item:	Statement of Variables	Approved-Closed
Comments:		04/02/2010
Attachment:		
U-MSL-512 Statement of Variables.pdf		

Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-MSL-512-A (02/10)	No New Laser and Limited Rate Increase at Renewal Endorsement	62

Signature:

A handwritten signature in black ink, appearing to read 'Lisa Plante', written over a horizontal line.

Officer:

Lisa Plante

Title:

Vice President, Accident & Health

Date:

February 25, 2010



Zurich American Insurance Company

**EXPLANATORY MEMORANDUM
No New Laser and Limited Rate Increase at Renewal
Company Filing Number – CW AH 30197
U-MSL-512-A CW (02/10)**

This is an endorsement to our Stop Loss Policy, which was previously filed with and approved by your Department.

This No New Laser & Limited Rate Increase at Renewal program enables our self-funded customers to accurately forecast a maximum renewal increase for their specific coverage when renewed with Zurich. This option ensures that Zurich will not increase the medical stop loss specific rates at renewal by more than a specified percentage, based on duplicate contract terms, nor will Zurich add any new lasers to the stop loss policy at the next renewal. This program endorsement will be available to Zurich policyholders for an additional cost. This program must be selected at the time of sale prior to the effective date. This program option does not reduce nor remove any currently lasered individuals and assumes all current lasers will remain unless specifically removed by Zurich.

Self-funded employers who want to budget their maximum premium increase and ensure that no new lasers are added to their healthcare plan can do so through this program. For an additional premium, the employer has the peace of mind of knowing that Zurich will not shift the risk of any potential catastrophic claim(s) back to the self-funded employer while this endorsement is in effect, if the account is renewed.

The Stop Loss Policy and this endorsement will be marketed to all size Employer groups situated in your State through brokers, agents, and sales employees.

This form is new and is not intended to replace any other forms currently in use.

This form is being filed concurrently in our domiciliary state of New York.

Variable data is bracketed. Amounts may vary or provisions may be modified to fit a specific Policyholder's request. Variable data will never exclude or limit provisions required by the jurisdiction in which the Policy is issued.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit this filing without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

The Company will deem this form approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

This filing includes a certification of readability and statement of variables.

Statement of Variables

No New Laser and Limited Rate Increase at Renewal Endorsement

No New Laser and Limited Rate Increase at Renewal Program

It is hereby agreed and understood that the Specific Stop Loss Coverage purchased by the **Policyholder** will provide for the following at the **Policyholder's** next renewal:

1. No new **Lasers** will be applied to the Specific Stop Loss Coverage. However, existing **Lasers** may remain or be changed; and
2. Specific premium rates are subject to a [45% {range is 0% - 50%}] renewal increase cap to the current Specific premium rates as shown in the SCHEDULE OF STOP LOSS INSURANCE provided:
 - a. There are no changes to the Specific **Benefit Period** as shown in the SCHEDULE OF STOP LOSS INSURANCE;
 - b. There are no changes to the Specific **Deductible** as shown in the SCHEDULE OF STOP LOSS INSURANCE;
 - c. There are no changes to the commission level;
 - d. There has not been more than a [15% {range is 10% - 30%}] increase or decrease in the number of **Covered Units** as shown in the SCHEDULE OF STOP LOSS INSURANCE;
 - e. There are no changes in the **Third Party Administrator** or **Provider Network(s)**; [and]
 - f. There are no significant changes in the **Plan(s)** or **Policy** terms; and
 - g. If there is an **Aggregating Specific Deductible**, the **Aggregating Specific Deductible** is subject to a renewal increase of not more than [45% {range is 0% - 50%}]].

The range is 0% - 50%

The range is 10% - 30%

This will be in or out

This will be in or out. If in:

The range is 0% - 50%.